



MISSISSIPPI STATE DEPARTMENT OF HEALTH

TO: Prospective Appalachian Regional Commission "ARC" J-1 VISA Waiver
Employers/Sponsors

FROM: Director
Mississippi Office of Rural Health and Primary Care

RE: Mississippi ARC J-1 VISA Waiver Program Application

The Office of Rural Health and Primary Care (PCO), within the Office of Health Policy and Planning has been designated as the Division to serve as a State Contact and clearinghouse for the above referenced program. PCO will administer the program in a fair and consistent manner, as well as provide technical assistance to all entities interested in developing either the "Site Predetermination Application" or "actual" application for placement of a foreign-trained J-1 VISA Waiver provider. Attached please find the Mississippi ARC J-1 VISA Waiver Program Application, Addendum for Specialists, and Guidelines.

THE FOLLOWING IS IMPORTANT INFORMATION PERTAINING TO THE MISSISSIPPI
ARC J-1 VISA WAIVER APPLICATION PROCESS:

- Health care facilities/sites interested in employing an ARC J-1 VISA Waiver physician must submit a written correspondence to the Office of Rural Health and Primary Care requesting the Application Packet and requesting that a "Site Predetermination" to be conducted.
- The Site Predetermination Application (*Sections A through L of the ARC J-1 VISA Application constitute the Site Predetermination Application*) must be submitted. Applicants should be certain to include all of the information and documentation required by **Sections A through L** of the Application in order to complete the Site Predetermination process. No action in regards to the "Site Predetermination" will be taken prior to submission of these required items and supporting documentation.
- Once the Site Predetermination Application is submitted to the PCO, the health care facilities/sites can publish the legal notice announcing intent to apply for the ARC J-1 VISA WAIVER and afterwards submit the complete Mississippi ARC J-1 VISA WAIVER APPLICATION (*Section M provides the requirements of the complete application*) to the PCO. Please note that **Section M** requires that **Sections A through L** be submitted again with the complete ARC J-1 VISA Application.
- Information on currently designated health professional shortage areas (HPSAs) for primary medical care or mental health recommendations will be provided upon request. Medical facilities located in the counties which are a part of the Appalachian Regional Commission (ARC) are eligible to recruit primary care J-1 Physicians through this ARC J-1 Visa Waiver Program. Primary Care includes: family practice, general practice, general pediatrics, obstetrics, general internal medicine, or psychiatry. Medical facilities located in those counties

which are a part of the Appalachian Regional Commission (ARC) may only recruit psychiatrists and specialist under the Conrad State 30 J-1 Visa Program.

- The US Department of State requires that the J-1 Visa Waiver Data Sheet be submitted to the appropriate address contained in the Department's policies, along with the user processing fee and two self-addressed, stamped, legal-size envelopes. A USIA file number will be assigned, and must be placed on each page within the actual application. The Department of State's mailing address is included in this packet. The data sheet is available at their website. Information regarding this requirement can be found at the US Department of State website.
- If the "Site Predetermination" information appears favorable, your health care facility may request and receive technical assistance in developing the complete Mississippi ARC J-1 VISA Waiver Application.
- The review cycle should be completed within 180 days.

If there are questions, please contact the Office of Rural Health and Primary Care at 601-576-7216.



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI Appalachian Regional Commission “ARC”
ARC J-1 VISA Waiver Program APPLICATION**

Section A
Mississippi ARC J-1 VISA Waiver Program Application
MSDH Office of Rural Health and Primary Care Cover Letter Template

Director
Mississippi Office of Rural Health and Primary Care
Mississippi State Department of Health
Post Office Box 1700
Jackson, MS 39215-1700

Dear (Insert Name of Director):

The Office of Rural Health and Primary Care cover letter should be provided on employing facility's official letterhead (letterhead should contain the practice address, phone number and FAX number if facility has a fax number).

The Office of Rural Health and Primary Care cover letter (with original signature) must INCLUDE THE FOLLOWING:

1. A complete description of the program or activity in which the foreign-trained provider will be engaged, and proposed office hours available to the community.
2. Name of doctor and medical specialty; name and location of last educational/training program where provider obtained degree; and country of origin. Medical Specialty must be in one of the following areas: family practice, general pediatrics, obstetrics, general internal medicine, or psychiatry.
3. Complete address of practice location(s), to include name of the facility, street address, city, county, nine digit zip code, and telephone number. If the physician is to practice at multiple locations, a separate practice (work) schedule is to be provided for each individual practice site.
4. Certification that the facility or practice where the J-1 physician will work must have been operational at least (6) months. Evidence should include the business license and occupancy permit and staffing list.
5. Attach signed copies of "ARC Federal Co-Chair's J-1 Visa Waiver Policy" (Section F) and the "Mississippi's ARC J-1 Visa Waiver Guidelines", as signed by sponsor and prospective provider. The guidelines are the last section of the application. Signed copies indicate that you have read and understand the requirements of both the "ARC Federal Co-Chair's J-1 Visa Waiver Policy", the "Mississippi's ARC J-1 Visa Waiver Guidelines", the J-1 physician's waiver service commitment, the ARC J-1 Visa Waiver Affidavit and Agreement, the requirement regarding the ARC J-1 Visa Waiver "Liquidated Damages Clause", and that the employer will structure the J-1 physician's practice so as to facilitate the J-1's compliance with these requirements.

Section B
Mississippi ARC J-1 VISA Waiver Program Application
ARC Federal Co-Chair Cover Letter Template

The Honorable (insert name of current ARC Federal Co-Chair)
Federal Co-Chair
Appalachian Regional Commission
1666 Connecticut Avenue, N.W., Suite 700
Washington, D.C. 20235

Dear (insert name of current ARC Federal Co-Chair):

The ARC Federal Co-Chair's cover letter should be in the application packet submitted to the Office of Rural Health and Primary Care at the Mississippi State Department of Health. The ARC Federal Co-Chair's cover letter should be provided on employing facility's official letterhead (letterhead should contain the practice address, phone number and FAX number if facility has a fax number).

The ARC Federal Co-Chair's cover letter (with original signature) must INCLUDE THE FOLLOWING:

1. Name of doctor and medical specialty. Medical Specialty must be in one of the following areas: family practice, general pediatrics, obstetrics, general internal medicine, or psychiatry.
2. A statement and proof from the head of the health care facility at which the foreign medical graduate will be employed, that the facility is located in an area designated by the Secretary of health and Human Services as a Primary Medical Care or Mental Health Professional Shortage Area (HPSA), as applicable, and provides medical care to both Medicaid or Medicare eligible patients and indigent uninsured patients. The statement shall also list the primary care Health Professional Shortage Area or Mental Health Professional Shortage Area/Population identifier number of the designation (assigned by the Secretary of Health and Human Services), and shall include the FIPS county code and census tract or block numbering area number (assigned by the Bureau of the Census) or the 9-digit zip code of the area where the facility is located.

If the HPSA designation is a special population group HPSA, please also submit with this ARC Federal Co-Chair cover letter the special documentation required to be submitted for special population group HPSA designations. The list of information required to be submitted for special population group HPSAs is provided in Section C of this application packet. Such documentation will not be required to be submitted by Community Health Centers (CHC) and other Federally Qualified Health Centers (FQHC) that are otherwise required to serve the target population. Such sponsors should submit a copy of their Notice of Grant Award instead.

3. Assertion that physician will practice primary care or mental health a minimum of 40 hours a week in the HPSA indicated, exclusive of time spent for being on call, for inpatient care, for hospital rounds, and scheduled after-hour coverage or travel.

4. Complete address of practice location(s), to include name of the facility, street address, city, county, nine digit zip code, and telephone number. If the physician is to practice at multiple locations, a separate practice (work) schedule is to be provided for each individual practice site.
5. Employer identity- provide facility information regarding, i.e., CHC, FQHC, for-profit, not-for-profit, parent organization, etc
6. A statement of need, including facts regarding the area involved; description of the program; and effect of waiver denial.
7. Acknowledgment that all the terms and conditions of the physician's J-1 Policy Affidavit and Agreement have been incorporated into the employment agreement; and that the employment agreement does not modify or amend any of the terms or conditions of physician's J-1 Visa Policy Affidavit and Agreement.
8. Must include statement as follows: "I hereby certify that I have read and fully understand and will comply with the ARC Federal Co-Chairman's J-1 Visa Waiver Policy, and that all of the information contained in this letter is true to the best of my knowledge and belief."

Section C. MISSISSIPPI'S J-1 VISA WAIVER PROGRAMS SITE - PREDETERMINATION APPLICATION

Current HPSA Designation (county, service area, poverty) _____

Applying For: **9** **USDA** **9** **ARC** **9** **STATE 30**

Type of Practice: **9** **public** **9** **private, non-profit** **9** **private, for profit**

Name and Address of Practice Site:	Name and Address of Sponsoring Agency (if different from Practice Site):
List Current Staffing Of Practice Site:	List Each Position That You Will Potentially Need To Fill With a ARC J-1 VISA Holder: <u>Specialty</u> _____ <u>Approximate Date Needed</u> _____
Name, Title and Telephone No. Of Contact Person:	Is prospective foreign-trained provider more than 210 days "out-of-status" with INS? 9Yes 9No Provide a copy of their resume, include board certification information and immigration status (all IAP-66 forms, etc.); and tentative employment contract.
Name and Specialty of Prospective Provider:	

ASSURANCES

Must be initialed by CEO or Appropriate Agency Representative

- ___ **A. We accept all patients regardless of their ability to pay. *Provide written adopted and dated organizational policy.**
- ___ **B. We implement a schedule of discounts or sliding fee scale for patients whose income is under 200% of the federal poverty level.**
 A copy of the sliding fee schedule is posted in a conspicuous place in the waiting area for all patients to see.
 *Enclose a copy of your sliding fee scale and provide instructions for interpretation. Sliding fee not required for specialist placements.
- ___ **C. We accept Assignments of Medicaid and Medicare Part B. *Enclose Verification from Medicaid and Medicare.**
- ___ **D. We provide a service continuum that includes comprehensive primary and/or mental health care. *Enclose Brief Documentation.**
- ___ **E. We provide appropriate arrangements for secondary, tertiary and after-hours care. *Enclose Brief Documentation.**
- ___ **F. Funds are currently available to support identified position(s), including support personnel.**
(Salary must be comparable to U.S. physicians in the geographical area.)
- ___ **G. Attempts to recruit an American citizen for the position(s) listed have failed to date but remain ongoing.**
 * **Enclose Brief Documentation or evidence of recruitment efforts during the six-month period preceding the date of this application , i.e. recruitment ads from newspapers, national publications (required), medical school contacts, etc.**

REQUIREMENT

Must be as detailed as possible, with appropriate justification and documentation

- 1. Provide a description of the unmet need in the community; any access barriers which are unique to the site's service area; and how the foreign provider will satisfy and reduce the unmet need. (Note: Pediatric, specialists and obstetrical requests should be specific to that population.)**
- 2. Describe the current health care resources in the area, i.e., primary care clinics, hospitals, number of full-time equivalent primary care physicians by name and specialty and number of hours available to patients. This information is vital in determining FTE providers.**
- 3. Provide support letters from the majority of the local practicing physicians, area hospital administrator(s) and community leaders.**
- 4. In addition to items 1 and 2 above, for those seeking placements of SPECIALISTS, support letters from the majority of the local or referring physicians within the service area and specific to the practice specialty must be provided. Please review the attached Guidelines. (no Specialist for ARC Program)**
- 5. In addition to items 1, 2 and 3, if applicable, for new NON-HOSPITAL EMPLOYER APPLICANTS, submit substantial evidence of the need in the community for an additional provider; provide audited or personal financial statement documenting viability of the employing entity; provide statement as to the size and nature of current practice and how the J-1 physician will be utilized (e.g. J-1 will replace retiring or departing physician); and provide evidence of public service rendered by the employing entity (percentage of practice spent serving Medicaid, Medicare and/or indigent patients, respectively).**

I certify that to the best of my knowledge and belief, all data provided in this application and on the attached pages are true and correct.
Chief Executive Officer Or Agency Representative (Signature): _____ **Date** _____

SECTION D
Mississippi ARC J-1 VISA Waiver Program Application
Population HPSA Designations
Special Documentation Requirements

REQUIRED BY THE APPALACHIAN REGIONAL COMMISSION

The following information clarifies and strengthens the current policy's requirements regarding the sponsor health facility's responsibility to serve the medically indigent and accept Medicare and Medicaid assignments. This information is required to be submitted during the Sire Predetermination Application process. The following table can be utilized to document required information.

Strengthening the non-discrimination requirement addresses a concern affecting the placements of J-1 doctors in Health Professional Shortage Areas (HPSAs) that serve a specific (usually a poverty or low –income) population. These placements are made in geographic area which otherwise had adequate physician to population ratios except that physicians are not available in adequate supply for the designated population.

The Federal Co-Chairman has requested that future requests for placement in special population HPSAs present evidence that the J-1 physician will actually serve the special population indicated in the application. This information is not required to be submitted for Community Health Centers and other Federally Qualified Health Centers that are otherwise required to serve the target population.

For facilities that are not Community Health Centers and other Federally Qualified Health Centers, that are otherwise required to serve the target population, to assist in the review of the ARC J-1 Visa Waiver Application, *the following information must be submitted for applications requesting approval of placements in a population group HPSA to demonstrate the following:*

1. That the percentage of patients served by the practice who are provided health services at a reduced rate or at no charge because of an inability to pay for services is equal to or greater than the percentage of the patients unable to pay for services in the State in which the practice is located; and
2. That the percentage of patients under Medicare for whom assignment is accepted is not less than 80 percent of the percentage of patients under Medicare in the State in which the practice is located; and
3. That the percentage of patients under Medicaid for whom assignment is accepted is not less than the percentage of patients under Medicaid in the State in which the practice is located.

Request for waivers should at least include the sponsor's record of meeting these standards **over the previous three years.**

Low-Income or Medically Indigent

Complete the following information for the existing or proposed practice site in order to substantiate the organization's past, present, and future services to the low-income medically indigent population of the area.

NOTE: The information provided should be as accurate as possible. Please do not inflate the numbers. Do not count visits or patients twice even if they may be in more than one category. Totaling items #2 – 7 should equal item #1.

CATEGORY	CALENDAR YEARS			
	3 Years Prior	2 Years Prior	Previous Year	Projected for Current Year
1. Total numbers of patients served.				
2. Number of patients served that were not charged due to their inability to pay. (No charge)				
3. Number of patients who could not pay the full amount, but paid something (based on a sliding fee scale). Do not include courtesy care.				
4. Number of patients served who receive Medicare.				
5. Number of patients served who received Medicaid.				
6. Number of patients with full pay/commercial insurance.				
7. Other (please specify): _____				

Also, please provide a written statement detailing how telephone calls are handled from prospective patients who have no health insurance, have Medicaid or who express concerns regarding ability to pay.

Section E
Mississippi ARC J-1 VISA Waiver Program Application
Certification of Compliance with the Mississippi ARC J-1 VISA Waiver Program

The Office of Rural Health and Primary Care will review each waiver application to ensure that the proposed placement will not affect the practice of a U.S. physician or compromise delivery of health care in the HPSA service area. *A Site Predetermination Application is required to determine if the proposed site will qualify for a J-1 Physician placement.*

The Mississippi State Department of Health is wholly responsible for the interpretation of these Guidelines. The factors that will determine approval or denial will be based on, but not limited to, the following:

1. Physician to population ratio of 1:3000 in the HPSA service area, including practicing National Health Service Corps physicians and J-1 physicians serving their commitments;
2. Verification that the employer has a written policy that states that the ARC J-1 VISA physician will accept all patients regardless of their ability to pay and utilize a schedule of discounts or sliding fee scale;
3. The ARC J-1 VISA physician's commitment to practice primary care exclusively if the placement is to provide primary care even though he/she may have had sub-specialty training;
4. The foreign trained physician is committed to the area and working with the system of care that is within the service area; and
5. Assurance that the proposed services to be delivered by the J-1 physician does not have an adverse effect on other programs and policies of the state of Mississippi.

I have read and fully understand the terms and conditions of the Mississippi ARC J-1 VISA Waiver Guidelines.

Signature of Applying Physician

Date

I have read and fully understand the terms and conditions of the Mississippi ARC J-1 VISA Waiver Guidelines.

Signature, CEO, Sponsoring Medical Facility

Date

A signed copy of the ***“Mississippi ARC J-1 VISA Waiver Program”*** Guidelines must be submitted with this signed certification compliance page.

SECTION F
MISSISSIPPI Appalachian Regional Commission "ARC"
J-1 Visa Waiver Application
FEDERAL CO-CHAIRMAN'S J-1 VISA WAIVER POLICY

The Appalachian Regional Commission (ARC) is committed to assisting all residents of Appalachia to have access to quality, affordable health care. Accordingly, the Federal Co-Chairman (FCC) of the ARC is prepared to consider recommending a waiver of the foreign residence requirement on behalf of physicians holding J-1 Visas under certain conditions. The FCC's policy is totally discretionary and voluntary and may be modified or terminated at any time without notice. In all instances the FCC reserves the right at the FCC's discretion to recommend or decline to recommend any request for a waiver.

These ARC guidelines are the minimum requirements, which must be complied with by sponsors and applicants, but each state may impose additional requirements as it deems necessary to support its physician recruitment program.

1. Physician requests must be sponsored by a State within the Appalachian Region and will be considered by the FCC only upon written recommendation of the Governor of the sponsoring State.
2. The physician must agree to provide primary medical care for at least forty (40) hours a week at a site in a Health Professions Shortage Area (HPSA), as designated by the United States Public Health Service, within the legislatively defined ARC service area for a minimum of three years or longer, as a specific State policy may require. Travel or oncall time may not be included in the 40 hours required by this paragraph. However, in appropriate cases the State may make exceptions to allow travel or on-call for obstetricians.
3. The sponsor must demonstrate that it has made a reasonable good faith effort to recruit a U.S. doctor for the job opportunity in the same salary range without success during the six months immediately preceding the request for waiver. The sponsor shall demonstrate, with such supporting documentation as the Federal Co-Chairman may require, that it has undertaken such recruitment through a reasonable number of appropriate sources including but not limited to advertisements in newspapers and medical journals of national and statewide circulation most likely to bring responses from able, willing, qualified, and available U.S. doctors and job opportunity notices placed in appropriate medical schools including all medical schools in the state in which the hospital or clinic is located.
4. The employment contract between the physician and the sponsor may not contain a restrictive covenant or non-compete clause, which prevents or discourages the physician from continuing to practice in any HPSA after the period of obligation under this policy, has expired.
5. The physician, prior to employment, must be licensed by the State where he or she will practice and must have completed a residency in one of the following specialties: family practice, general pediatrics, obstetrics, general internal medicine or psychiatry.
6. The physician must not have been "out of status" (as defined by the Immigration and Naturalization Service of the United States Department of Justice) for more than 180 days since receiving a visa under 8 USC 1182 (j) of the Immigration and Nationality Act, as amended. The physician shall provide the FCC all copies of his or her Certificates of

Eligibility for Exchange Visitor (J-1) Status, forms IAP-66 and every other document needed to verify status.

7. The facility or practice sponsoring the physician must agree to provide health services to individuals without discriminating against them because (a) they are unable to pay for those services or (b) payment for those health services will be made under Medicare and Medicaid. The sponsor may charge no more than the usual and customary rate prevailing in the HPSA in which services are provided. In addition, charges must be discounted on a sliding fee scale for persons at or below 200 percent of poverty. Persons with third party insurance may be charged the full fee for service. A notice must be posted in a conspicuous location in the patient waiting area at the practice site notifying patients of the charges for service as required in this paragraph. Such notice must contain at least the information set forth in the sample notice, which follows this policy statement. **Sponsors seeking a placement in a special population HPSA must demonstrate their recent record of serving Medicare, Medicaid and medically indigent patients as well as their continuing intentions to serve such individuals.**
8. The physician must sign and have notarized the Federal Co-Chairman's "J-1 Visa Policy Affidavit and Agreement" prior to consideration by the Federal Co-Chairman of the request and must comply with the terms and conditions set forth in that document.
9. All requests approved initially by the FCC and approved subsequently by the Immigration and Naturalization Service of the United States Department of Justice will be subject to review by ARC's Inspector General for compliance with this policy statement and other applicable laws. A sponsor's failure to comply in good faith with this waiver policy will be considered in the evaluation of other applications involving the same sponsor.

Certification Section

I have read and fully understand the terms and conditions of the Federal Co-Chairman's J-1 Visa Waiver Policy.

Signature, CEO, Sponsoring Medical Facility

Date

I have read and fully understand the terms and conditions of the Federal Co-Chairman's J-1 Visa Waiver Policy.

Applying Physician Signature

Date

SECTION G
MISSISSIPPI Appalachian Regional Commission "ARC"
J-1 Visa Waiver Application
ARC Federal Co-Chair's J-1 VISA Waiver Policy
Compliance Certification Page

I (please print) _____ on behalf of the sponsoring facility, hereby declare and certify that I have read and understand the requirements of the J-1 physician's waiver service commitment, including the ARC Federal Co-Chair's J-1 VISA Waiver Policy, and ARC J-1 VISA Waiver Affidavit and Agreement, and that the employer will structure the J-1 physician's practice so as to facilitate the J-1's compliance with these requirements.

Signature, CEO, Sponsoring Medical Facility

Date

I (please print) _____
(applying physician), hereby declare and certify that I have read and understand the requirements of the J-1 physician's waiver service commitment, including the ARC Federal Co-Chair's J-1 VISA Waiver Policy, and ARC J-1 VISA Waiver Affidavit and Agreement, and that I will comply with the requirements.

Applying Physician Signature

Date

SECTION H
MISSISSIPPI Appalachian Regional Commission “ARC”
J-1 Visa Waiver Application
ARC J-1 Visa Waiver Policy Affidavit and Agreement

I, _____, being duly sworn, hereby request the Federal
Applying Physician (Please Print Name)
Co-Chairman of the Appalachian Regional Commission to review my application for the purpose of recommending waiver of the foreign residency requirement set forth in my J-1 Visa, pursuant to the terms and conditions as follows:

1. I understand and acknowledge that the review of this request is discretionary and that in the event a decision is made not to grant my request, I hold harmless the Appalachian Regional Commission (ARC), the Federal Co-Chairman, any and all ARC employees, agents and assigns from any action or lack of action made in connection with this request.
2. I further understand and acknowledge that the entire basis for the consideration of my request is the ARC Federal Co-Chairman's voluntary policy and desire to improve the availability of primary medical care in regions designated by the United States Public Health Service (USPHS) as Health Professions Shortage Areas (HPSA) in Appalachia.
3. I understand and agree that in consideration for a waiver, which eventually may or may not be granted, I shall render primary medical care services to patients, including the indigent, for a minimum of forty (40) hours per week within a USPHS designated HPSA located in the ARC jurisdiction. Such service shall commence not later than 90 days after I receive notification of approval by the United States Immigration and Naturalization Service (INS) of my waiver request and shall continue for a period of a minimum of three (3) years or longer, as a specific State policy may require (four years, in accordance with the J-1 Visa Waiver POLICES AND PROCEDURES for the State of Mississippi).
4. I agree to incorporate all the terms of this J-1 Visa Waiver Affidavit and Agreement into any and all employment agreements I enter pursuant to paragraph 3 and to include in each such agreement the ARC liquidated damages clause, of \$250,000 payable to the employer. (A copy of all employment agreements are attached to this request). This damages clause shall be activated by my termination of employment, initiated by my employer for cause or by me for any reason, only if my termination occurs before fulfilling the minimum three year service requirement (four years of service, in accordance with the J-1 Visa Waiver POLICIES AND PROCEDURES for the State of Mississippi). In the event of a transfer under the ARC liquidated damages clause, a transfer notification form must be obtained by ARC. This form must be filled out and returned to ARC with a copy to the State Contact.
5. I further agree that any employment agreement I enter pursuant to paragraph 3 shall not contain any provision which modifies or amends any of the terms of this J-1 Visa Waiver Affidavit and Agreement.
6. I also agree to incorporate all terms of this J-1 Visa Waiver Affidavit and Agreement into any employment agreement I enter pursuant to paragraph 3.

7. I understand and agree that I will provide services to individuals without discriminating against them because (a) they are unable to pay for those services or (b) payment for those health services will be made under Medicare and Medicaid.
8. I have read and fully understand the "ARC Federal Co-Chairman's J-1 Visa Waiver Policy", a copy of which is attached hereto and is specifically incorporated by reference.
9. I expressly understand that this waiver of my foreign service requirement must ultimately be approved by the INS, and I agree to provide written notification of the specific location and nature of my practice to the ARC and the State contact at the time I receive notification from INS and I commence rendering services in the ARC jurisdiction and on a semi-annual basis thereafter.
10. I declare and certify, under penalty of the provisions of 18U.S.C.1101, that I do not have pending nor am I submitting during the pendency of this request, another request to any United States Government department or agency or any State Department of Public Health, or equivalent, other than the Appalachian Regional Commission to act on my behalf in any matter relating to a waiver of my two-year home-country physical presence requirement.
11. I understand and acknowledge that if I willfully fail to comply with the terms of this J-1 Visa Waiver Affidavit and Agreement, the Office of the ARC Federal Co-Chairman will notify the INS and recommend deportation proceedings be instituted against me. Additionally, any and all other measures available to the Office of the ARC Federal Co-Chairman will be taken in the event of my non-compliance.

CERTIFICATION SECTION (have this page notarized)

I declare under the penalties of perjury that the foregoing is true and correct.

Signature Applying Physician

Date

Subscribed and sworn before me this _____ day of _____, 20 _____

My commission expires: _____

Signature (Notary Public)

Section I
MISSISSIPPI Appalachian Regional Commission "ARC"
J-1 Visa Waiver Application
ARC J-1 Visa Liquidated Damages Clause

I, _____, ARC J-1 Visa Physician Applicant, understand that any breach or non-fulfillment of conditions will be considered a substantial breach of this agreement by you. If there is such a breach, _____, proposed employer, may, at its option, terminate this agreement immediately. In addition, it is agreed that _____, proposed employer, will be substantially damaged by your failure to remain at _____, proposed employer in the practice of medicine for a minimum of three years and that, considering that precise damages are difficult to calculate, you will agree to pay to _____, proposed employer, the sum of \$250,000.00 for failure to fulfill your minimum three-year contract. In addition to liquidated damages, _____, proposed employer will recover from you any other consequential damages, and reasonable attorney's fees, due to the failure to provide services to _____, proposed employer, for a minimum of three years, EXCEPT THAT, the full-time practice of medicine at another licensed medical facility, in a Health Professional Shortage area (as defined by the United States Public Health Service) within the Appalachian Region (as defined by ARC) shall be considered the same as full-time practice of medicine at _____, proposed employer, for purpose of this paragraph. In the event of a dispute under this paragraph, either party may submit this matter to binding arbitration.

Additional Liquidated Damages Clauses

I, _____, ARC J-1 Visa Physician Applicant, further understand that any other clause mandating consequential or liquidated damages being paid to the employer must be separate for the ARC clause. ARC takes no position with respect to the inclusion of such an additional contractual agreement.

I, _____, acknowledge that all employment agreements regarding this placement will include the ARC liquidated damages clause.

Printed Name of Applying Physician

Date

Signature of Applying Physician

Date

SECTION J
MISSISSIPPI Appalachian Regional Commission "ARC"
J-1 Visa Waiver Application
No Objection Statement ATTESTATION

I, (please print) _____,
Applying Physician, do hereby declare and certify, that
a "No Objection" letter is not required because I am
not contractually obligated to return to my home
country.

CERTIFICATION SECTION (have this page notarized)

I declare under the penalties of perjury that the foregoing is true and correct.

Signature Applying Physician

Date

Subscribed and sworn before me this _____ day of _____, 20 _____

My commission expires: _____

Signature (Notary Public)

☐ Please check this box if a "No Objection" letter from the home government or applying physician's embassy in Washington, DC indicating that the home government has no objection to the waiver is enclosed with this application.

If a "No Objection" letter is required, please refer to Section 1 General Guidelines part (14) of the **MISSISSIPPI APPALACHIAN REGIONAL COMMISSION "ARC"** J-1 Visa Waiver Guidelines for additional instructions regarding this requirement. The guidelines are located in **Section U** of this application packet.

SECTION K
MISSISSIPPI Appalachian Regional Commission "ARC"
J-1 Visa Waiver Application
Applying Physician None Relation/Acquaintance ATTESTATION

I, (please print) _____,
Applying Physician, do hereby declare and certify, that I
am not a relative or acquaintance of the employer.

CERTIFICATION SECTION (have this page notarized)

I declare under the penalties of perjury that the foregoing is true and correct.

Signature Applying Physician

Date

Subscribed and sworn before me this _____ day of _____, 20 _____

My commission expires: _____

Signature (Notary Public)

SECTION L
MISSISSIPPI Appalachian Regional Commission "ARC"
J-1 Visa Waiver Application
Employer None Relation/Acquaintance ATTESTATION

I, (please print) _____,
CEO, Sponsoring Medical Facility, do hereby declare and certify,
that the (please print) _____, Applying
Physician, is not a relative or acquaintance of the employer.

CERTIFICATION SECTION (have this page notarized)

I declare under the penalties of perjury that the foregoing is true and correct.

Signature, CEO, Sponsoring Medical Facility

Date

Subscribed and sworn before me this _____ day of _____, 20 _____

My commission expires: _____

Signature (Notary Public)

Section M
MISSISSIPPI Appalachian Regional Commission “ARC”
Complete Application PACKET for Physicians

Please provide an original and two (2) copies of the **Mississippi J-1 VISA Waiver Programs Site-Predetermination Application Form** (Sections A through L of this Application) **and the information listed below assembled in the following order**. A cover letter and Table of Contents must be included. Each section should be separated by a tab. Each individual copy of the application should be bound with a two-prong clasp placed horizontally at the top of the page. **The USIA File Number must be included on all pages.**

The items listed in 1 through 33 below are required to be submitted to the MS Office of Rural Health and Primary Care:

1. MSDH, Office of Rural Health and Primary Care cover letter from sponsoring/submitting entity, with original signature, on the facility's letterhead, and G-28, if appropriate. Office of Rural Health and Primary Care cover letter format template is provided in **Section A** of the Application Packet.
2. ARC Federal Co-Chair's cover letter from sponsoring/submitting entity, with original signature, on the facility's letterhead, and G-28, if appropriate. ARC Federal Co-Chair's cover letter format template is provided in **Section B** of the Application Packet.
3. The Mississippi J-1 Visa Waiver Programs Site-Predetermination Application (Section C) and all of the documentation required by the form.
4. Verification that Sponsoring Medical Facility accepts assignment of Medicaid and Medicare.
5. Mississippi State Department of Health's ARC J-1 VISA Waiver Guidelines (Signed and dated; Original signatures required.)
6. Two copies of the US Department of State Data Sheet (blank copy at their website.)
7. Readable copies of J-1's IAP-66 forms for each year in J-1 status (from entry to the present). Foreign trained provider must not have been "out-of-status" for more than 180 days since receiving a visa.
8. CV, including Social Security Number.
9. Copy of notarized, dated, executed tentative employment contract (See "Employment Contract" Section of Guidelines for minimum requirements.)
10. Documentation of employer's regional and national recruitment efforts (See "Recruitment" Section of Guidelines for minimum requirements).
11. Proof of current HPSA designation (also include additional HPSA documentation if the HPSA is a population group HPSA- see Section D of application for details).
12. Three or more letters of community support from community leaders, three or more letters from local physicians, and letters from hospital administrators serving area. Depending on the # of physicians serving the service area, additional support letters from local physicians may be requested.
13. Three or more letters of recommendation from those who know the J-1 physician's qualifications.
14. Qualifications (copies of diplomas, licenses, board certification). Including board certification for Mississippi.
15. Proof of facility's existence (business license, occupancy permit, phone book listing, etc.) Further documentation may be required.
16. List of all psychiatrists or primary care physicians in the area, their fields of practice, and number of hours available to patients within the service area.

Section M (continued)
MISSISSIPPI Appalachian Regional Commission “ARC”
Complete Application PACKET for Physicians

17. I-94.
18. Certification of Compliance with Mississippi ARC J-1 Visa Waiver Program.
19. Signed copy of Federal Co-Chairman's J-1 Visa Waiver Program Policy.
20. Certification of Compliance with Federal Co-Chairman's J-1 Visa Waiver Program Policy.
21. Certification of Compliance with ARC J-1 Visa Waiver Policy Affidavit and Agreement.
22. Certification of Compliance with ARC J-1 Visa Liquidated Damages Clause.
23. Notarized Attestation that there is no objection by home country to waiver (See Section 1 Part 14 of Guidelines). The guidelines are in Section U of the application.
25. Notarized attestation by applying physician that applying physician and employer and staff were not acquainted or related prior to his/her application.
26. Notarized attestation by employer that employer and staff were not acquainted or related with the applying physician prior to his/her application.
27. Copy and Proof of Legal Notice Publication regarding intent to apply for J-1 Visa Waiver. (See Section N of Application).
28. Certification of Compliance with ARC J-1 Visa Waiver Program Policy for Charges for Health Care Services.
29. Notarized USIA Exchange Visitor Attestation form (included in packet).
30. Notarized USIA Employer Attestation form (included in packet).
31. Certification of Compliance with ARC J-1 Visa Physician Verification of Employment.
32. Certification of Compliance with ARC J-1 VISA Physician Transfer Notification Form.
33. Completed USIA Return Address label form.

Section N
MISSISSIPPI Appalachian Regional Commission “ARC”
Mississippi ARC J-1 VISA Waiver Program Application
Legal Notice Publication Requirement

Once the Site Predetermination Application for the *MISSISSIPPI Appalachian Regional Commission “ARC” J-1 Visa Waiver Program* is submitted to the Mississippi State Department of Health, Office of Rural Health and Primary Care, the sponsoring health care facility is required to publish a legal notice in their local newspaper and a state newspaper of general circulation in accordance with the following format. The Proof of Publication of this notice must be submitted with the complete application.

Format for Legal Notice Publication

On_____, 200__, (insert name of J-1 sponsoring medical facility) requested that the Mississippi State Department of Health support a J-1 VISA waiver of the two-year foreign residency requirement of (insert applying physician name) in exchange for (identify which: Primary Care or Specialty Care) health services to (insert name of underserved area), an underserved area of the state, if approved by the U.S. Department of State.

Copies of the letter of support and/or opposition can be submitted to the sponsoring facility, or to the Director, Office of Rural Health and Primary Care, Mississippi State Department of Health, P.O.Box 1700, Jackson, MS 39215-1700.

SECTION O
MISSISSIPPI Appalachian Regional Commission "ARC"
J-1 Visa Waiver Application
Policies for Charges for Health Care Services
Compliance Certification Page

I, (please print)_____ representing the facility, hereby declare and certify, that the facility has adopted the following policies for charges for health care services and will post a notice indicating the information below in a publicly displayed area in our facility.

N O T I C E

THIS PRACTICE HAS ADOPTED THE FOLLOWING POLICIES FOR CHARGES FOR HEALTH CARE SERVICES

We will charge persons receiving health services at the usual and customary rate prevailing in this area. Health services will be provided at no charge, or at a reduced charge, to persons, unable to pay for services. In addition, persons will be charged for services to the extent that payment will be made by a third party authorized or under legal obligation to pay the charges.

We will not discriminate against any persons receiving health services because of his/her inability to pay for services, or because payment for the health services will be made under Part A or B of Title XVIII ("Medicare") or Title XIX ("Medicaid") of the Social Security Act.

We will accept assignment under the Social Security Act for all services for which payment may be made under Part B of Title XVIII ("Medicare") of the Act.

We have an agreement with the State agency which administers the State Plan for medical assistance under Title XIX ("Medicaid") of the Social Security Act to provide services to persons entitled to medical Assistance under the plan.

Signature, CEO Sponsoring Medical Facility

Date

SECTION P
MISSISSIPPI Appalachian Regional Commission "ARC"
J-1 Visa Waiver Application
USIA EXCHANGE VISITOR ATTESTATION

I, (please print)_____hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1001, that I do not now have pending, nor am I submitting during the pendency of this request, another request to any United States Government department or agency or any State Department of Public Health, or equivalent, other than the U. S. Department of Agriculture, to act on my behalf in any matter relating to a waiver of my two-year home-country physical-presence requirement.

CERTIFICATION SECTION (have this page notarized)

Signature of Applying Physician

Date

I declare under the penalties of perjury that the foregoing is true and correct.

Subscribed and sworn before me this _____ day of _____, 20 _____

My commission expires: _____

Signature (Notary Public)

SECTION Q
MISSISSIPPI Appalachian Regional Commission "ARC"
J-1 Visa Waiver Application
USIA EMPLOYER ATTESTATION

I, (please print) _____
hereby declare and certify, under penalty of the provisions
of 18 U.S.C. 1001, that _____
(medical facility) is located in a primary medical care or
mental Health Professional Shortage Area and provides medical
care to both Medicare and Medicaid-eligible patients and
indigent, uninsured patients.

CERTIFICATION SECTION (have this page notarized)

Signature, CEO, Sponsoring Medical Facility

Date

I declare under the penalties of perjury that the foregoing is true and correct.

Subscribed and sworn before me this _____ day of _____, 20 _____

My commission expires: _____

Signature (Notary Public)

SECTION R
MISSISSIPPI Appalachian Regional Commission "ARC"
J-1 Visa Waiver Application
ARC J-1 VISA PHYSICIAN VERIFICATION OF EMPLOYMENT FORM
Compliance Certification Page

I (please print) _____ on
behalf of the sponsoring facility, hereby declare and
certify that the facility will comply with the
requirement to submit the J-1 VISA Physician Employment
Verification FORM in accordance with the guidelines.

Signature, CEO, Sponsoring Medical Facility

Date

I (please print) _____
(applying physician), hereby declare and certify that I
will comply with the requirement to submit the J-1 VISA
Physician Employment Verification FORM in accordance
with the guidelines.

Applying Physician Signature

Date

SECTION S
MISSISSIPPI Appalachian Regional Commission "ARC"
J-1 Visa Waiver Application
J-1 VISA PHYSICIAN TRANSFER NOTIFICATION FORM
Compliance Certification Page

I (please print) _____ on
behalf of the sponsoring facility, hereby declare and
certify that the facility will comply with the
requirement to submit the J-1 VISA Physician Transfer
Notification FORM in accordance with the guidelines.

Signature, CEO Medical Facility

Date

I (please print) _____
(applying physician), hereby declare and certify that I
will comply with the requirement to submit the J-1 VISA
Physician Transfer Notification FORM in accordance with
the guidelines.

Applying Physician Signature

Date

SECTION T
MISSISSIPPI Appalachian Regional Commission “ARC”
J-1 Visa Waiver Application
US DEPARTMENT OF STATE INFORMATION

Please be advised that The US Department of State requires that the J-1 VISA Waiver Data Sheet, along with supporting documentation and their processing fee be sent to:

Postal Service
US Department of State
Waiver Review Division
Post Office Box 952137
St. Louis, MO 63195-2137

Courier Service
US Department of State
Waiver Review Division
(Box 952137)
1005 Convention Plaza
St. Louis, MO 63101-1200

Website address for forms: <http://travel.state.gov/DS-3035.pdf>
Status inquiries on a waiver application must call 202-663-1600 or 202-663-1225

You can also review the following at the US Department of State website:

US Department of State J-1 VISA Waiver Review Application
US Department of State J-1 VISA Waiver Review Application Instructions

SECTION U
MISSISSIPPI APPALACHIAN REGIONAL COMMISSION “ARC”
J-1 VISA WAIVER GUIDELINES
Revised October 2001

The Mississippi State Department of Health (MSDH) is committed to assuring that all Mississippi residents have access to quality, affordable health care. The Office of Rural Health and Primary Care (PCO) reviews applications and makes recommendations to the Appalachian Regional Commission, hereafter referred to as the “ARC”, in regards to the primary care J-1 visa waiver placements within that region of the state. The applications will be reviewed for completeness, and inclusion of all appropriate documentation, as required by the federal agency.

1. The primary purpose of the Mississippi J-1 Visa Waiver Programs is to improve access to primary health care in physician shortage areas in Mississippi and secondarily, to needed specialty care, by sponsoring physicians holding J-1 Visas.
2. The State of Mississippi recognizes that the J-1 Visa Waiver Program affords J-1 Visa holders the privilege of waiving their two-year foreign residency requirement in exchange for providing primary or specialty medical care in designated health professional shortage areas.
3. The provision of assistance to the ARC in the administration of this program is designed to be consistent with the federal requirements of the program resulting in added benefits to the State of Mississippi.
4. The purpose of the following Guidelines is to articulate the conditions under which the State of Mississippi will provide a recommendation to the ARC.
5. The recommendations provided to the ARC will in no way interfere with placements through the MSDH Office of Rural Health and Primary Care’s “State 30 Program”. The Mississippi J-1 Visa Waiver Program through the "State 30 Program" is a separate and distinct program from any other program and is an additional program to any now operating within the State of Mississippi.
6. Before a completed application is submitted the potential employer must submit a Site Predetermination Application to determine if the site will qualify for a proposed J-1 physician placement.
7. The Mississippi State Department of Health's Guidelines are completely discretionary, voluntary, and may be modified or terminated at any time. The submission of a complete waiver package to the MSDH does not ensure an automatic waiver recommendation. In all instances, MSDH reserves the right to recommend or deny any request for a waiver.
8. Definition of a Health Professional Shortage Area (HPSA)* - Section 332 of the Public Health Service Act provides that the Secretary of Health and Human Services shall designate HPSAs based on criteria established by regulation. HPSAs are defined to include geographical areas - urban and rural, population groups, and facilities with shortages of primary health care and mental health providers.

Geographical Area Designated HPSAs - Three basic determinations are required for this request: (1) the geographical area involved must be rational for the delivery of health services, (2) a specified population-to-practitioner ratio representing shortage must be exceeded within the area, and (3) resources in contiguous areas must be shown to be over utilized, excessively distant, or otherwise accessible.

Population Designated HPSAs - Requests for a J-1 physician to practice in a population-designated HPSA must include evidence that at least 51 percent of the facility's patients are members of the designated population.

Facility Designated HPSAs - This applies to correctional facilities and state mental hospitals. Some public and non-profit private facilities located outside designated HPSAs may be designated if they are shown to be accessible to and serving a designated geographic area or population group HPSA.

* Definitions obtained from the Office of Shortage Designation in Bethesda, Maryland

9. An Employer/Medical Facility eligible to recruit and hire J-1 Visa physicians through the Program must be a facility that meets one of the following criteria:
 - a). a public health facility, an ambulatory medical facility, a community health center, a community mental health center; or
 - b). a hospital or state mental hospital.

Section 1 GENERAL GUIDELINES:

The State of Mississippi is prepared to make recommendations to the ARC on behalf of Mississippi health care facilities for physicians holding J-1 Visas for the purpose of waiving the two-year foreign residency requirement. All conditions of the following ARC and Mississippi J-1 Visa Waiver policies/guidelines must be met. Employers are encouraged to impose additional provisions in order to assure that the delivery of care is consistent with their facility's policies.

1. Physicians who have completed a U.S. residency training program in family practice, general internal medicine, general pediatrics, and obstetrics/gynecology are considered to be primary care physicians. Psychiatrists are also considered for the program. Physicians with other specialties are not considered to be primary care physicians for the purpose of this program.
2. The medical facility or practice must be located in a county or portion of county currently designated by the United States Department of Health and Human Services as a HPSA for primary medical care or mental health, in the case of the recruitment of psychiatrists.
3. All requests must be fully documented as to the need for the primary care or specialty physician in the community. At a minimum, include the following:
 - a). a geographic description or rural character of the service area;
 - b). a description of the unmet need (such as gaps in service, waiting times,

environmental factors, ethnic health care issues, etc.) within the community; discussions of barriers to the specific medical service or unique circumstances in regards to environment, community or service; percentage of medically indigent patients served by the site, not including Medicare or Medicaid patients; and how the J-1 Visa physician will satisfy and reduce the unmet need; and

- c). a list of all health care resources in the community, i.e., primary care clinics, hospitals, number of primary care physicians by specialty and other specialists if a specialty other than primary care is being requested. A list of primary care/psychiatric physicians, including J-1 and H-1B, and loan repayment physicians, currently practicing in the HPSA must also be included.
 - d). a description of the activities that have occurred to recruit a U. S. physician. Refer to the "Recruitment" Section of these Guidelines for specifics.
- 4. Only the number of physicians needed to eliminate the physician shortage will be recommended. The number of J-1 physicians approved for placement within a currently designated HPSA will generally be limited to the threshold, i.e. the number of additional primary care physicians needed for the area to meet a population-to-physician ratio of 3000:1. Consideration will be given to placement of physicians in areas which do not meet the threshold requirement if there is a documented critical need for a particular primary care specialty. All full-time equivalent U. S. primary care providers and foreign providers, placed through the J-1 Visa Waiver programs, will be counted when determining threshold capacity.
 - 5. Waiver requests must be submitted by the employer or the employer's representative. All employment contracts must be between the sponsoring employer and the J-1 Visa physician.
 - 6. The facility or practice where the J-1 physician will work must have been operational at least six months at the time the waiver request is submitted. Evidence should include the business license and occupancy permit, facility address, fax and telephone numbers, staffing list. Exceptions may be considered.
 - 7. The facility or practice must accept all patients regardless of ability to pay. The sponsoring entity must agree to provide services to individuals without discriminating against them because (a) they are unable to pay for those services and/or (b) payment for those health services will be made under Medicare and Medicaid. The sponsor may charge no more than the usual and customary rate prevailing in the HPSA in which services are provided.
 - 8. The facility must post a schedule of discounts or an adopted sliding fee scale in its waiting room. Charges must be discounted for persons at or below 200 percent of poverty level. If the person is unable to pay the charge, such person shall be charged at a reduced rate in accordance with an adopted and utilized policy or not charged at all. The notice in the waiting room must contain at least the information set forth in the sample notice provided in this application package.
 - 9. The J-1 Visa physician must accept assignment under Section 1842 (b)(3)(ii) of the Social Security Act as full payment for all services for which payment may be made under Part B of Title XVIII of such act (Medicare).

10. The J-1 Visa physician must enter into an appropriate agreement with the Mississippi state agency which administers the state plan for medical assistance under Title XIX of the Social Security Act (Medicaid) to provide services to individuals entitled to medical assistance under the plan.
11. The employer must make known to the HPSA community that the J-1 physician will comply with the terms and conditions stated in the Guidelines by posting a notice in a conspicuous place in the waiting area of the practice stating that all patients will be seen regardless of their ability to pay.
12. The waiver request must include support letters from the majority of the local practicing physicians, area hospital administrator(s) and community leaders.
13. The physician must not have been "out of status" (as defined by the Immigration and Naturalization Service of the United States Department of Justice) for more than 180 days since receiving a visa under 8 USC 1182 (j) of the Immigration and Nationality Act, as amended. The physician shall provide the FCC all copies of his or her Certificates of Eligibility for Exchange Visitor (J-1) Status, forms IAP-66 and every other document needed to verify status. The name of the foreign trained provider must be provided during the initial "Site Predetermination Application" process in order to remain compliant with this requirement.
14. A statement in writing is required indicating that the home government has no objection to the waiver if the physician's medical education or training has been funded by the government of the graduate's home country. He or she should obtain this statement from the physician's embassy in Washington or home country. The "No Objection" statements for these physicians should contain the following or similar language:

Pursuant to Public Law 103-416, the Government of (Country) has no objection if (name and address of the foreign medical graduate) does not return to (Country) to satisfy the two-year foreign residence requirement of 212(e) of the Immigration and Nationality Act (INA).
15. The J-1 physician and his/her employer must, on commencement of practice and annually thereafter through the contract period, verify the physician's practice site address and field of practice. The reporting can be submitted on the "J-1 Visa Physician Verification of Employment Form" contained in this application packet. The first report must be submitted within 30 days. For population based HPSAs, documentation that the population the foreign physician was placed there to serve was indeed served must be submitted. The final report must indicate whether the J-1 physician intends to remain in the shortage area to practice. Failure to submit accurate reports in a timely manner that comply with the Mississippi J-1 Visa Waiver Guidelines will jeopardize future recommendations for J-1 Visa physician placements. These verification forms will be shared with the ARC.
16. Job transfers must be approved by MSDH before the transfer occurs so that it can be determined if the new area is rural and still underserved. Refer to the "Transfer" Section of these Guidelines for related procedures and minimum requirements.

17. National Interest Waiver Requests will be considered only for those J-1 Visa Waiver applications that have been reviewed and/or recommendations made in regards to Mississippi's State 30, the Appalachian Regional Commission, and the Department of Agriculture's programs. Refer to "National Interest Waiver Letter Requests" Section of these Guidelines for specific policies and procedures.

Section 2 EMPLOYMENT CONTRACT:

1. The J-1 physician is responsible for locating and negotiating a contract for a minimum of three (3) years and preferably four (4) years (unless the service requirement is amended) to provide care a minimum of 40 hours per week, as a primary care physician or psychiatrist in a federally designated HPSA in Mississippi. The 40 hours must be performed during normal office hours, or hours which best suit the needs of the community, and may not be performed in less than four (4) days a week. A weekly schedule must be included in all waiver requests. It is recommended that each party have its own legal representation in preparation of the contract.
2. The J-1 physician must be board eligible in his/her field of practice and eligible for Mississippi licensure.
3. By regulation (Immigration and Nationality Act, as amended, section 214(k)(1) [8U.S.C. §1184 (k)(1)]), the J-1 physician must commence practice within 90 days of receiving a waiver.
4. The J-1 Visa physician must agree in writing that he or she will begin employment within 90 days of receiving a waiver; and a statement from the J-1 Visa physician regarding planned commitment to the community should be provided.
5. The ARC will be notified if a J-1 physician is found not to have reported or not be practicing medicine a minimum of 40 hours per week in the location for which the recommendation was made.
6. MSDH must be notified when the J-1 physician does not report for duty.
7. The employer and/or J-1 physician must notify MSDH of breach or termination of contract.
8. For the statutorily-required 3 years, there can be no changes to the contract that would result in the J-1 physician leaving the agreed-upon site and treating the patients he/she has agreed to treat in the manner agreed upon, unless the contract of resulting transfer has been submitted to the MSDH and approved by the ARC.
9. The contract should not state commencement or expiration dates. It is a tentative contract based on the application being approved through ARC, U.S. Department of State and INS.
10. A non-competition clause or any provision that purports to limit the J-1 physician's ability to remain in the area upon completion of the contract term is prohibited by regulation.

11. The contract must include a liquidation damages clause as required by the ARC. Specific wording to be included in the contract is included in this packet. However, any clauses that would require the J-1 physician to pay a sum to the employer for experience gained on the job or for the J-1 physician remaining in the area after the contract has ended are not allowed.
12. Include in all employment contracts the following information:
 - guaranteed 3-year base salary
 - benefits
 - insurance
 - field of practice, practice site name and address for 40 hours for at least 4 days per week, not including travel and on-call time; days and hours on site, if multiple sites.
 - leave (annual, sick, continuing medical education, holidays)
 - commencement date begins within 90 days of receipt of J-1 visa waiver
 - statement that amendments shall adhere to ARC and Federal J-1 visa waiver requirements

Section 3 RECRUITMENT:

1. The medical facility must provide evidence that other avenues, regionally and nationally, to secure a physician not bound by the 2-year home residence requirement have been undertaken over a period of at least the six (6) months prior to preparing/signing a contract.
2. Recruitment efforts must include regional and national print advertising stating the position available and the practice site location.
 - Copies of ads submitted must show the publication date. On-line ads must show the dates the ad was on-line.
 - Ads run at the time of or after preparation of the contract are not usable.
 - Advertising bill and payment receipts may be included.
 - Include copies of recruitment firm contracts, if applicable.
3. Documentation required, in response to national recruitment advertisements.
 - Copies of at least four (4) certified letters to medical schools.
 - Copies of CVs/Resumes submitted in response to recruitment efforts.
 - Names of non-foreign physicians applying and/or interviewed and detailed justification on reasons not hired.
4. Priority hire must be given to physicians other than J-1 physicians (presumably H-1Bs) who apply for the waiver job and are qualified. The employer must show that hiring a J-1 physician is a last resort.

Section 4 PROHIBITIONS:

MSDH will not consider recommendations under the following circumstances:

1. Preliminary determinations over the telephone prior to final review of the Site Predetermination being completed.
2. Exceptions to or interpretations of these policies which have occurred without the written approval of the Federal sponsoring agency or its designee.

3. Medical facilities located in those counties which are a part of the Appalachian Regional Commission (ARC) are not eligible to recruit primary care J-1 Visa physicians through the Conrad State 30 J-1 Visa Waiver Program. Primary Care includes: family practice, general practice, general pediatrics, obstetrics, and general internal medicine. However, these facilities can recruit psychiatrists and specialists under the Conrad State 30 J-1 Visa Waiver Program.
4. Practice arrangements or contractual obligations entered into by the foreign physician prior to a recommendation being made to the federal agency or approval being given through the J-1 Visa Waiver application process, by the federal agency.
5. Requests from areas/populations that have become fully served due to sufficient placement of physicians, unless a previously recommended J-1 physician has left the area or for replacement of local physicians who have discontinued practice in a designated area. Exceptional circumstances will be reviewed on a case-by-case basis.
6. Requests from an employer who is a former J-1 physician currently fulfilling his/her required 3-year obligation.
7. A waiver for a relative or acquaintance of the employer.

Section 5 TRANSFERS:

The following guidelines and procedures apply for J-1 Visa physicians transferring from one HPSA to another, from one organization to another, or within the same HPSA. A "Transfer Notification Form" is included in this application packet. A minimum two year commitment by the J-1 Visa physician to practice in the new site is required.

1. The proposed transfer site must meet all of the eligibility and program requirements. Completion of a Site Predetermination Application will be required for those transferring to a HPSA (if not the same HPSA) or to a new sponsoring facility organization.
2. The foreign physician shall make no plans for a transfer or moving of personal possessions until the PCO and the federal sponsoring agency has reviewed and/or approved the request.
3. The J-1 physician retains sole responsibility for notifying their current employer of the intent to transfer, and payment of any financial penalty caused by a breach of contract, as determined by the original or current employer or as specified in their employment contract.
4. If the foreign provider is being retained by the original employer, and is being transferred to another HPSA to better serve the residents of Mississippi, the new community's population to patient ratio must exceed the 3000:1 threshold requirement, and need for the foreign provider in the community must be documented.
 - a. Responsibility of the J-1 Visa Physician:
 - (i) Notify the Office of Rural Health and Primary Care, in writing, who will intervene on the health care facilities behalf to the federal sponsoring agency, of the intent to transfer the J-1 physician, detailing the reason for the transfer; and a statement acknowledging agreement to the proposed transfer, if applicable; and

- (ii) Provide the Office of Rural Health and Primary Care with the name of the new practice site, the address, the telephone number, hours of work, and proposed date of transfer. The new site must meet all requirements of the Program Guidelines.
 - b. Responsibility of First Employer:
 - (i) Provide a letter to the Office of Rural Health and Primary Care releasing the J-1 Visa physician from employment; and
 - (ii) Provide an explanation for transfer or termination of contract.
 - c. Responsibility of Second Employer:
 - (i) Provide a letter to the Office of Rural Health and Primary Care of the intent to employ the J-1 Visa physician; and
 - (ii) Provide the Office of Rural Health and Primary Care with a copy of the employment contract; and
 - (iii) Provide in writing, with documentation, that the new site meets the eligibility requirements in the Mississippi J-1 Visa Waiver Guidelines and the federal agency sponsoring the J-1 visa waiver.
- 5. For the foreign physician transferring from another state to a HPSA in Mississippi, the following must be provided:
 - a. A Site Predetermination Application must be completed. If an approval is provided, a complete J-1 Visa Waiver application must be submitted, to include a recommended four (4) year employment contract.
 - b. The foreign provider must obtain a Mississippi medical license prior to commencing practice.

Section 6 FOREIGN PHYSICIANS RELEASED DUE TO TERMINATION, MUTUAL RELEASE, OR DEATH:

- 1. The PCO must be informed in writing by the sponsoring employer of the following circumstances:
 - a. the sponsoring employer determines that there is reasonable cause to terminate the employment contract of a foreign provider;
 - b. the employer and foreign provider mutually agree to the release from employment;
 - c. there are no funds to reimburse the foreign provider for their services; or
 - d. there is a loss due to the death of the foreign provider.
- 2. PCO will assist, in a limited way, the sponsoring employer and foreign physician in resolving termination disputes. However, PCO will assume no position in the dispute.
- 3. PCO will assist, in a limited way, the foreign provider in securing another position in the state.

Section 7 NATIONAL INTEREST WAIVER (NIW) LETTER REQUESTS:

The following policies apply only to applications the Mississippi State Department of Health has reviewed and/or made recommendations in regards to Mississippi's State 30, Appalachian Regional Commission, and the Department of Agriculture's J-1 Visa Waiver Programs.

1. A NIW support letter for a foreign-trained physician will be given consideration when a physician has been in the employment contract with a Mississippi health facility or medical provider for a minimum of two years of the obligation period.
2. The facility or geographical area in which the foreign physician's placement has occurred must be currently designated as a Mississippi health professional shortage area (HPSA) by the MSDH Office of Rural Health and Primary Care.
3. A current letter of support from the health facility or medical provider who has sponsored the original J-1 Visa Waiver must be provided which indicates that the foreign physician placement has resulted in an acceptable or satisfactory condition to support the delivery of primary care services.
4. A statement must be provided, dated and signed by the foreign physician, that he/she agrees to meet the original obligations of the employment contract entered as PL 106-95 does not change the foreign physician's obligation of the original contract terms.
5. In the event that the foreign physician requesting a NIW support letter has completed the original contract terms, the terms noted in items 2 and 3 must be met for consideration of a NIW support letter.
6. The NIW support letter will be addressed to the entity who requests the letter, either the individual foreign physician or the designated representative.
7. A NIW support letter will not be provided when circumstances present that a foreign physician has transferred to a work site other than the original placement without notification to the MSDH.

Certification of Compliance with the Mississippi J-1 Visa Waiver Program

The Office of Rural Health and Primary Care will review each waiver application to ensure that the proposed placement will not affect the practice of a U.S. physician or compromise delivery of health care in the HPSA service area. *A Site Predetermination Application is required to determine if the proposed site will qualify for a J-1 Visa Waiver placement.*

The Mississippi State Department of Health is wholly responsible for the interpretation of these Guidelines. The MSDH assumes no responsibility for future actions taken by the Federal Sponsoring Agency or any potential investigation that may be conducted by the Office of Inspector General or any other governmental agency.

The factors that will determine approval or denial will be based on, but not limited to, the following:

1. Physician to population ratio of 1:3000 in the HPSA service area, including practicing National Health Service Corps physicians and J-1 physicians serving their commitments;
2. Verification that the employer has a written policy that states that the J-1 Visa physician will accept all patients regardless of their ability to pay and utilize a schedule of discounts or sliding fee scale. A schedule of discounts or sliding fee scale is not required for specialist placements;

3. The J-1 Visa physician's commitment to practice primary care exclusively if the placement is to provide primary care even though he/she may have had sub-specialty training;
4. The foreign trained physician is committed to the area and working with the system of care that is within the service area, and
5. Assurance that the proposed services to be delivered by the J-1 physician does not have an adverse effect on other programs and policies of the state of Mississippi.

CERTIFICATION SECTION

I certify that I have read and fully understand the terms and conditions of the Mississippi Appalachian Regional Commission “ARC” J-1 Visa Waiver Program Guidelines.

Signature, Applying Physician

Date

I certify that I have read and fully understand the terms and conditions of the Mississippi Appalachian Regional Commission “ARC” J-1 Visa Waiver Program Guidelines.

Signature, CEO, Sponsoring Medical Facility

Date

MISSISSIPPI Appalachian Regional Commission “ARC” J-1 VISA Physician Application Instructions

PURPOSE

To allow physicians to apply for the Physician J-1 Visa Waiver under the Mississippi Appalachian Regional Commission “ARC” Program.

INSTRUCTIONS

Application may be completed by applying physician, sponsoring medical facility, or assigned legal representative.

Section A (MSDH Office of Rural Health and Primary Care Cover Letter)

Applicant should prepare and submit a cover letter with items 1-5. The Office of Rural Health and Primary Care cover letter should be provided on employing facility’s official letterhead (letterhead should contain address, phone number and FAX number if facility has a fax number).

6. A complete description of the program or activity in which the foreign-trained provider will be engaged, and proposed office hours available to the community.
7. Name of doctor and medical specialty; name and location of last educational/training program where provider obtained degree; and country of origin.
8. Complete address of practice location(s), to include name of the facility, street address, city, county, nine digit zip code, and telephone number. If the physician is to practice at multiple locations, a separate practice (work) schedule is to be provided for each individual practice site.
9. Certification that the facility or practice where the J-1 physician will work must have been operational at least (6) months. Evidence should include the business license and occupancy permit and staffing list.
10. Attach signed copies of “ARC Federal Co-Chair’s J-1 Visa Waiver Policy” (Section F) and the “Mississippi’s ARC J-1 Visa Waiver Guidelines”, as signed by sponsor and prospective provider. The guidelines are the last section of the application. Signed copies indicate that you have read and understand the requirements of both the “ARC Federal Co-Chair’s J-1 Visa Waiver Policy”, the “Mississippi’s ARC J-1 Visa Waiver Guidelines”, the J-1 physician’s waiver service commitment, the ARC J-1 Visa Waiver Affidavit and Agreement, the requirement regarding the ARC J-1 Visa Waiver “Liquidated Damages Clause”, and that the employer will structure the J-1 physician’s practice so as to facilitate the J-1’s compliance with these requirements.

SECTION B (ARC Federal Co-Chair Cover Letter)

Applicant should prepare and submit a cover letter with items. The ARC Federal Co-Chair’s cover letter should be in the application packet submitted to the Office of Rural Health and Primary Care at the Mississippi State Department of Health. The ARC Federal Co-Chair’s cover letter should be provided on employing facility’s official letterhead (letterhead should contain the practice address, phone number and FAX number if facility has a fax number).

1. Name of doctor and medical specialty. Medical Specialty must be in one of the following areas: family practice, general pediatrics, obstetrics, general internal medicine, or psychiatry.
2. A statement and proof from the head of the health care facility at which the foreign medical graduate will be employed, that the facility is located in an area designated by the Secretary of health and Human Services as a Primary Medical Care or Mental Health Professional Shortage Area (HPSA), as applicable, and provides medical care to both Medicaid or Medicare eligible patients and indigent uninsured patients. The statement shall also list the primary care Health Professional Shortage Area or Mental Health Professional Shortage Area/Population identifier number of the

designation (assigned by the Secretary of Health and Human Services), and shall include the FIPS county code and census tract or block numbering area number (assigned by the Bureau of the Census) or the 9-digit zip code of the area where the facility is located.

If the HPSA designation is a special population group HPSA, please also submit with this ARC Federal Co-Chair cover letter the special documentation required to be submitted for special population group HPSA designations. The list of information required to be submitted for special population group HPSAs is provided in Section C of this application packet. Such documentation will not be required to be submitted by Community Health Centers (CHC) and other Federally Qualified Health Centers (FQHC) that are otherwise required to serve the target population. Such sponsors should submit a copy of their Notice of Grant Award instead.

3. Assertion that physician will practice primary care or mental health a minimum of 40 hours a week in the HPSA indicated, exclusive of time spent for being on call, for inpatient care, for hospital rounds, and scheduled after-hour coverage or travel.
4. Complete address of practice location(s), to include name of the facility, street address, city, county, nine digit zip code, and telephone number. If the physician is to practice at multiple locations, a separate practice (work) schedule is to be provided for each individual practice site.
5. Employer identity- provide facility information regarding, i.e., CHC, FQHC, for-profit, not-for-profit, parent organization, etc.
6. A statement of need, including facts regarding the area involved; description of the program; and effect of waiver denial.
7. Acknowledgment that all the terms and conditions of the physician's J-1 Policy Affidavit and Agreement have been incorporated into the employment agreement; and that the employment agreement does not modify or amend any of the terms or conditions of physician's J-1 Visa Policy Affidavit and Agreement.
8. Must include statement as follows: "I hereby certify that I have read and fully understand and will comply with the ARC Federal Co-Chairman's J-1 Visa Waiver Policy, and that all of the information contained in this letter is true to the best of my knowledge and belief."

Section C (Mississippi J-1 VISA Site Predetermination Application Form)

CEO or Facility Representative must certify Site Predetermination Form.

Applicant must provide the following on the Site Predetermination Form:

Current HPSA Designation;

Indicate J-1 Program Applying For;

Indicate Type of Practice;

Provide Name and Address of Practice Site and Name and Address of Sponsoring Medical Facility (if different from Practice Site);

List Current Staffing Level Of Practice Site (indicate what medical staff providers are at site);

List Each Position potentially to be filled With a J-1 VISA Holder (include Specialty area of practice and approximate date needed);

Provide Name, Title and Telephone No. Of Contact Person;

Indicate if prospective foreign-trained provider is more than 210 days “out-of-status” with Immigration National Service; and

Submit a copy of physician resume, board certification information, federal IAP-66 forms (readable copies for each year in J-1 status (from entry to the present)), and tentative employment contract.

Facility CEO or Facility Representative must initial items A-G on the Site Predetermination Form to assure the following:

- A. Acceptance of all patients regardless of their ability to pay. *Provide written adopted and dated organizational policy.
- B. Implementation of a schedule of discounts or sliding fee scale for patients whose income is under 200% of the federal poverty level. A copy of the sliding fee schedule must be posted in a conspicuous place in the waiting area for all patients to see. Applicant must submit a copy of sliding fee scale and provide instructions for interpretation. Sliding fee not required for specialist placements.
- C. Acceptance of Assignments of Medicaid and Medicare Part B. Applicant must enclose Verification from Medicaid and Medicare.
- D. The provision of a service continuum that includes comprehensive primary and/or mental health care. Applicant must submit documentation.
- E. The provision of appropriate arrangements for secondary, tertiary and after-hours care. Applicant must submit documentation.
- F. Funds are currently available to support identified position(s), including support personnel. The proposed salary for the J-1 physician must be comparable to U.S. physicians in the geographical area.
- G. Attempts to recruit an American citizen for the position(s) listed have failed to date but remain ongoing. Applicant must submit documentation or evidence of recruitment efforts during the six-month period preceding the date of the application, i.e. recruitment ads from newspapers, national publications (required), medical school contacts, etc.

Applicant must provide this additional information in accordance with the “Requirement Section” of the Site Predetermination Form:

1. A description of the unmet need in the community; any access barriers which are unique to the site's service area; and how the foreign provider will satisfy and reduce the unmet need. (Note: Pediatric, specialists and obstetrical requests should be specific to that population.) ARC J-1 Visa Applications may not be submitted for specialists.

2. A description of the current health care resources in the area, i.e., primary care clinics, hospitals, number of full-time equivalent primary care physicians by name and specialty and number of hours available to patients. This information is vital in determining FTE providers.
3. Provide three or more support letters from local practicing physicians, support letters from area hospital administrator(s), and three or more support letters from community leaders.
4. Information regarding size and nature of current practice, utilization data, how the J-1 physician will be utilized (e.g. J-1 will replace retiring or departing physician); provide information regarding level of public service rendered by the employing entity (to include percentage of practice spent serving Medicaid, Medicare and/or indigent patients, respectively).
5. Submit copy of audited or personal financial statements documenting viability of the employing entity to support placement.

Section D (Population HPSA Designations Special Documentation Requirements)

Applicant should provide the following information if the HPSA location for the placement is a population group HPSA.

5. Documentation that the percentage of patients served by the practice who are provided health services at a reduced rate or at no charge because of an inability to pay for services is equal to or greater than the percentage of the patients unable to pay for services in the State in which the practice is located; and
6. Documentation that the percentage of patients under Medicare for whom assignment is accepted is not less than 80 percent of the percentage of patients under Medicare in the State in which the practice is located; and
7. Documentation that the percentage of patients under Medicaid for whom assignment is accepted is not less than the percentage of patients under Medicaid in the State in which the practice is located.

Applicant should provide this information for a three year period. The table on page 9 of the application may be used to provide the information.

Section E (Certification of Compliance with MS ARC J-1 VISA Waiver Program)

Applying Physician and CEO of sponsoring medical facility must sign and date. Applicant must also submit signed copy of *Mississippi ARC J-1 VISA Waiver Program* Guidelines.

Section F (Certification of Receipt/Understanding of Federal Co-Chairman's J-1 Visa Waiver Program Policy)

Applying Physician and CEO of sponsoring medical facility must sign and date. Applying Physician and CEO should make copy of guidelines and maintain for their reference and file.

Section G (Certification of Compliance with Federal Co-Chairman's J-1 Visa Waiver Program Policy)
Applying Physician and CEO of sponsoring medical facility must sign and date.

Section H (Notarization of Certification of ARC J-1 Visa Waiver Policy Affidavit and Agreement)
Applying Physician must sign and date and have form notarized.

Section I (Certification of ARC J-1 Visa Liquidated Damages Clause)
Applying Physician must sign and date.

Section J (Notarization of Attestation Compliance with No Objection Requirement)
Applying Physician must sign and date and have form notarized.

Section K (Notarization of Physician Attestation of None Relation/Acquaintance)
Applying Physician must sign and date and have form notarized.

Section L (Notarization of Employer Attestation of None Relation/Acquaintance)
CEO, Sponsoring Medical Facility must sign and date and have form notarized.

Section M (Mississippi ARC J-1 Visa Complete Application Packet)

Applicant must submit an original and two (2) copies of the **Mississippi J-1 VISA Waiver Programs Site-Predetermination Application Form** (Sections **A through L** of this Application) **and the information listed below assembled in the following order**. A cover letter and Table of Contents must be included. Each section should be separated by a tab. Each individual copy of the application should be bound with a two-prong clasp placed horizontally at the top of the page. **The USIA File Number must be included on all pages.**

The complete application packet requires the items listed below to be submitted:

1. The MSDH, Office of Rural Health and Primary Care cover letter from sponsoring medical/submitting entity, with original signature and date, on the facility's letterhead, and G-28, if appropriate. Office of Rural Health and Primary Care cover letter format template is provided in **Section A** of the Application Packet.
2. The ARC Federal Co-Chair's cover letter from sponsoring medical/submitting entity, with original signature, on the facility's letterhead, and G-28, if appropriate. ARC Federal Co-Chair's cover letter format template is provided in **Section B** of the Application Packet.
3. The Mississippi J-1 Visa Waiver Programs Site-Predetermination Application (Section C) and all of the documentation required by the form.
8. Verification that Sponsoring Medical Facility accepts assignment of Medicaid and Medicare.
5. The Mississippi State Department of Health's ARC J-1 VISA Waiver Guidelines (Signed and dated; Original signatures required.)
6. Two copies of the US Department of State Data Sheet (blank copy at their website.)
7. Readable copies of J-1's IAP-66 forms for each year in J-1 status (from entry to the present). Foreign trained provider must not have been "out-of-status" for more than 180 days since receiving a visa.
8. The CV of the applying physician, including Social Security Number.
9. Copy of notarized, dated, executed tentative employment contract (See "Employment Contract" Section of Guidelines for minimum requirements.)

10. Documentation of employer's regional and national recruitment efforts (See "Recruitment "Section of Guidelines for minimum requirements).
11. Proof of current HPSA designation (also include additional HPSA documentation if the HPSA is a population group HPSA- see Section D of application for details).
12. Three or more letters of community support from community leaders, three or more letters from local physicians, and letters from hospital administrators serving area. Depending on the # of physicians serving the service area, additional support letters from local physicians may be requested.
13. Three or more letters of recommendation from those who know the J-1 physician's qualifications.
14. Qualifications (copies of diplomas, licenses, board certification). Including board certification for Mississippi.
15. Proof of facility's existence (business license, occupancy permit, phone book listing, etc.) Further documentation may be required.
16. A List of all psychiatrists or primary care physicians in the area, their fields of practice, and number of hours available to patients within the service area.
17. The required I-94 Forms.
18. The Certification of Compliance with Mississippi ARC J-1 Visa Waiver Program.
19. Signed copy of Federal Co-Chairman's J-1 Visa Waiver Program Policy.
20. The Certification of Compliance with Federal Co-Chairman's J-1 Visa Waiver Program Policy.
21. The Certification of Compliance with ARC J-1 Visa Waiver Policy Affidavit and Agreement.
22. The Certification of Compliance with ARC J-1 Visa Liquidated Damages Clause.
23. The Notarized Attestation that there is no objection by home country to waiver (See Section 1 (14) of Guidelines). The guidelines are in Section U of the application.
25. The Notarized attestation by applying physician that applying physician and employer and staff were not acquainted or related prior to his/her application.
26. The Notarized attestation by employer that employer and staff were not acquainted or related with the applying physician prior to his/her application.
27. The Copy and Proof of Legal Notice Publication regarding intent to apply for J-1 Visa Waiver. (See Section N of Application).
28. The Certification of Compliance with ARC J-1 Visa Waiver Program Policy for Charges for Health Care Services. CEO, Sponsoring Medical Facility must sign and date.
29. The Notarized USIA Exchange Visitor Attestation form (included in packet). Applying Physician must sign and date and have form notarized.
30. The Notarized USIA Employer Attestation form (included in packet). CEO, Sponsoring Medical Facility must sign and date and have form notarized.

31. The Certification of Compliance with ARC J-1 Visa Physician Verification of Employment. Applying Physician and CEO, Sponsoring Medical Facility must sign and date.
32. The Certification of Compliance with ARC J-1 VISA Physician Transfer Notification Form. Applying Physician and CEO, Sponsoring Medical Facility must sign and date.
33. The Completed USIA Return Address label form.

Section T (US Department of State Submission Requirements)

Applicant should read and comply with US Department of State requirements on page regarding submitting US Department of State Data Sheet and US Department of State processing fee. Applicant should view US Department of State website for details.

Section U (Mississippi ARC J-1 Visa Program Guidelines)

Applying Physician and CEO of sponsoring medical facility must sign and date. Applying Physician and CEO should make copy of guidelines and maintain for their reference and file.